

FILED JAN 21 1942

Registration District No. 007

Primary Registration District No. 4863

Registrar's No. 137

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Neosho
(c) Name of hospital or institution: McDonald Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME FRED H. NORTH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) ~~Single~~ widowed, married, divorced Widowed

(b) Name of husband or wife Adaline North 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 3 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace WISCONSIN
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name John W North

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Martha Leach

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Charles H. North

(b) Address Neosho Missouri

17. (a) BURIAL (b) Date thereof Dec 18 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation IOOF Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Neosho Missouri

19. (a) 1-1-42 (b) Chas. H. North
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Neosho
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1941 hour 4 minute 15 A M.

21. I hereby certify that I attended the deceased from 12/9/41
to 12/16/41
that I last saw him alive on 12/16/41
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Broncho pneumonia

Due to 107

Other conditions Cardiac Arching long standing
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature R. L. Larson (D. or other) _____

Address Neosho Mo Date signed _____

RECEIVED

District Health Officer No. 6;

District File Number

142-127
JAN 13 1942

Date Filed

FEB 18 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Ogle Stone Jr.

Licensed Embalmer No. *4176*

P. O. Address *Neosho Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.